

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PlastyPAC

ADDRESS (number and street)

444 E. Algonquin

☐Check if different
than previously
reported. (ACC)

Arlington Heights

IL

60005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00249342

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Seward

Signature of Treasurer

Electronically Filed by William Seward

Date

06

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
PlastyPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		92291.86
(b) Cash on Hand at Beginning of Reporting Period	53516.86	
(c) Total Receipts (from Line 19)	50095.00	56320.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103611.86	148611.86
7. Total Disbursements (from Line 31)	0.00	45000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103611.86	103611.86
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

PlastyPAC

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	44775.00	48800.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5320.00	7520.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	50095.00	56320.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	50095.00	56320.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50095.00	56320.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50095.00	56320.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	45000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	45000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		0.00	45000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50095.00	56320.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50095.00	56320.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 40

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. David Abramson

Mailing Address 42a East 74th St.

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.4278

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Darrick Antell

Mailing Address 850 Park Ave.

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4498

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Valdemar Ascencio

Mailing Address 23961 Calle De La Magdalena
Suite 200

City State Zip Code
Laguna Hills CA 92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4385

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Joel Atchison

Mailing Address 4009 6th Ave., Ste. 45

City State Zip Code
Kearney FL 68845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.4375

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Andrew Aunategui

Mailing Address 21355 E. Dixie Highway, Ste 109

City State Zip Code
Aventura FL 33180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4420

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Marguerite Barnett

Mailing Address 1715 Stickney Point Road

City State Zip Code
Sarasota FL 34231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4457

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Fredric Barr Mailing Address 1411 N. Flagler Dr., Ste. 500 City State Zip Code West Palm Beach FL 33401 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>06 / 06 / 2006</div> Transaction ID: SA11A1.4260 Amount of Each Receipt this Period <div>300.00</div>
B. Full Name (Last, First, Middle Initial) Dr. Cecil Bean Mailing Address 522 N. Elam Ave., Ste. 202 City State Zip Code Greensboro NC 27403 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>06 / 26 / 2006</div> Transaction ID: SA11A1.4500 Amount of Each Receipt this Period <div>300.00</div>
C. Full Name (Last, First, Middle Initial) Dr. John Barry Blshop Mailing Address 24 Memorial Medical Dr. City State Zip Code Greenville SC 29605 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>06 / 11 / 2006</div> Transaction ID: SA11A1.4350 Amount of Each Receipt this Period <div>250.00</div>
SUBTOTAL of Receipts This Page (optional) ▶		<div>850.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Gregory Bland Mailing Address 3920 n. Union Blvd., Ste. 300 City State Zip Code Colorado Springs CA 80907 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4392 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. John Borkowski Mailing Address 85 Church St. City State Zip Code Middletown CT 06457 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4485 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Michael Brucker Mailing Address 9850 Genesee Ave. City State Zip Code La Jolla CA 92037 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 6 Transaction ID: SA11A1.4464 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Herbert Bunchman			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 6	
Mailing Address 1520 S. Dobson Rd., Ste. 314			Transaction ID: SA11A1.4451	
City State Zip Code Mesa AZ 85202			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Dr. Richard Carver			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 6	
Mailing Address P.O. Box 1066			Transaction ID: SA11A1.4248	
City State Zip Code Rapid City SD 57709			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Michael Cedars			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 6	
Mailing Address 3300Webster st., Ste. 1106			Transaction ID: SA11A1.4211	
City State Zip Code Oakland CA 94609			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. June Chen Mailing Address 3980 S. 700 E., Ste. 23 City State Zip Code Salt Lake City UT 84107 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4381 Amount of Each Receipt this Period 500.00
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. Andrew Cohen Mailing Address 8631 W. 3rd St., Ste. 810 City State Zip Code Los Angeles CA 90048 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.4413 Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		
C. Full Name (Last, First, Middle Initial) Dr. Mathew Conrad Mailing Address 1700 Waterfront Parkway City State Zip Code Wichita KS 67206 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.4445 Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Mary Ann Contogiannis

Mailing Address 211 State St.

City	State	Zip Code
Greensboro	NC	27408

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	6

Transaction ID: SA11A1.4290

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. J.L. Crow

Mailing Address 1428 Central Ave. NE

City	State	Zip Code
East Grand Forks	MN	36725

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
PHysician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	6

Transaction ID: SA11A1.4306

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. James Cullington

Mailing Address 1010 9th St.

City	State	Zip Code
Austin	TN	78703

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	6

Transaction ID: SA11A1.4467

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Richard D'Amico		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 180 N. Dean St., Ste. 3-NE		
City	State	Zip Code
Englewood	NJ	07631
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4262
Amount of Each Receipt this Period		1000.00
Name of Employer Self		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial) Dr. Glenn Davis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 2304 Wesvill Court, Ste. 360		
City	State	Zip Code
Raleigh	NC	27607
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4282
Amount of Each Receipt this Period		250.00
Name of Employer Self		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) Dr. Richard DeRamon		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 2025 Technology Pkwy., Ste. 303		
City	State	Zip Code
Mechanicsburg	PA	17050
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.4225
Amount of Each Receipt this Period		250.00
Name of Employer Self		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Joseph Disa

Mailing Address 1275 York Ave.

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4362

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Donald Ditmars, Jr.

Mailing Address 455 Lincoln Rd.

City State Zip Code
 Grosse Pointe MI 48230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.4377

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. J. Frederick Doecker

Mailing Address 2701 Lincoln Ave

City State Zip Code
 Evansville IN 47714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4358

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. E. Ronald Finger

Mailing Address 5356 Reynolds St., ste. 505

City State Zip Code
 Savannah GA 31405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.4219

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. E. Bradley Garber

Mailing Address 1784 S. Utica Ave

City State Zip Code
 Tulsa OK 74104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4414

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Daniel Garitano

Mailing Address 4139 Boardman Canfield Rd., Ste. 2

City State Zip Code
 Canfield OH 44406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.4304

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Sandra Gatt

Mailing Address RR 1, Box 4250

City State Zip Code
 Monmouth Junction NJ 08852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.4401

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Dr. Peter Gee

Mailing Address 3 Woodland Rd., Ste. 216b

City State Zip Code
 Stoneham MA 02180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4333

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Robert Gotkin

Mailing Address 625 Park Ave

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4241

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Mark Granick

Mailing Address 90 Bergen St., Ste. 7200

City State Zip Code
Newark NJ 07103

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	6

Transaction ID: SA11A1.4341

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Dale Guillory

Mailing Address 39 East First St.

City State Zip Code
Cookeville TN 38501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	6

Transaction ID: SA11A1.4270

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jack Gunter

Mailing Address 8144 Walnut Hill Lane, Ste. 170

City State Zip Code
Dallas TX 75231

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	6

Transaction ID: SA11A1.4264

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Karol Gutowski Mailing Address 600 Highland Ave., Ste H5/3 City Madison State WI Zip Code 53792 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.4354 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Stephen Hardy Mailing Address 614 W. Spruce St. City Missoula State MT Zip Code 59802 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 6 Transaction ID: SA11A1.4250 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. J. Benjamin Hugo Mailing Address 1101 First Colonia Rd., Ste. 201 City Virginia Beach State VA Zip Code 23454 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.4300 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Debra Johnson

Mailing Address 95 Scripps Dr.

City State Zip Code
 Sacramento CA 95825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4416

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Ronald Johnson

Mailing Address 7910 Wolf River Road

City State Zip Code
 Germantown TN 38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.4296

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Dean Johnston

Mailing Address 4106 W. Lake Mary Blvd., Ste. 212

City State Zip Code
 Lake Mary FL 32746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Loree Kallianen

Mailing Address 640 Jackson St.

City State Zip Code
 St. Paul MN 55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4440

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Ram Kalus

Mailing Address 1301 rtaylor St., Ste. 10A

City State Zip Code
 Columbia SC 29201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4288

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Denise Kenna

Mailing Address 1936 Powder Mill Rd.

City State Zip Code
 york PA 17402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4298

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Robert Kevitch

Mailing Address 1600 Lehigh Parkway East

City State Zip Code
 Allentown PA 18103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4327

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Alan Kisner

Mailing Address 100 E. Main St.

City State Zip Code
 Huntington NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.4223

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Mark Labowe

Mailing Address 100 UCLA Medical Plaza, Ste. 747

City State Zip Code
 Los Angeles CA 90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.4399

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Phillip Lambruschi

Mailing Address 350 S. 8th St.

City	State	Zip Code
West Dundee	ID	60118

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	6

Transaction ID: SA11A1.4470

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Lazarus

Mailing Address 801 N. Weisgarber Rd., Ste. 500

City	State	Zip Code
Knoxville	TN	37909

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	6

Transaction ID: SA11A1.4383

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Georgew Levine

Mailing Address 8700 N. Kendall Dr., Ste. 102

City	State	Zip Code
Miami	FL	33176

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	6

Transaction ID: SA11A1.4237

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. James Lin

Mailing Address 8021 Laguna Blvd., Ste. 314

City	State	Zip Code
Elk Grove	CA	95758

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	6

Transaction ID: SA11A1.4453

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Stuart Lipton

Mailing Address 591 W. Main St.

City	State	Zip Code
Lewisville	TN	75057

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	6

Transaction ID: SA11A1.4302

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Herluf Lund

Mailing Address 17300 N. Outer 40, Ste. 300

City	State	Zip Code
Chesterfield	MO	63005

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	6

Transaction ID: SA11A1.4209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Lee Malan			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 3955 Harrison Blvd., ste. U1			Transaction ID: SA11A1.4373	
City State Zip Code Ogden UT 84403			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. Daniel Man			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 851 Meadows Road			Transaction ID: SA11A1.4319	
City State Zip Code Boca Raton FL 33486			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Daniel Man			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 851 Meadows Road			Transaction ID: SA11A1.4366	
City State Zip Code Boca Raton FL 33486			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Peter Marzek

Mailing Address 1871 Nightingale Lane, Ste. A2

City State Zip Code
Tavares FL 32778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.4239

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Nathan Mayl

Mailing Address 6405 N. Federal Highway, Ste. 200

City State Zip Code
Fort Lauderdale FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4256

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Roger Mixter

Mailing Address 5201 N. Port Washington

City State Zip Code
Milwaukee WI 53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.4348

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Brent Moelleken Mailing Address 120 S. Spalding, ste. 340 City State Zip Code Beverly Hills CA 90210 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6 Transaction ID: SA11A1.4428 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Samuel Mucci Mailing Address 2585 Crooks Rd. City State Zip Code Troy MI 48084 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.4284 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Jamsheed Najmi Mailing Address 201 Union Ave., Bldg #1, Suite B City State Zip Code Bridgewater NJ 08807 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Self Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 6 Transaction ID: SA11A1.4229 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Raja Nalluri

Mailing Address 2001 Siesta Dr., Ste. 201

City State Zip Code
 Sarasota FL 34239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4321

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Rahull Nath

Mailing Address 2201 W. holcombe Blvd., Ste 225

City State Zip Code
 Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4447

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John O'Brien

Mailing Address 7855 38th Aven. N

City State Zip Code
 St. Petersburg FL 33710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4424

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Kenneth Odinet Mailing Address 501 W. Saint mary Blvd., Ste. 514 City State Zip Code Lafayette LA 70506 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.4244 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Galen Perdakis Mailing Address 4500 San Pablo Rd. S Mayo Clinic City State Zip Code Jacksonville FL 03224 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.4280 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Howard Perofsky Mailing Address 682 Hemlock St., Ste. 230 City State Zip Code Macon GA 31201 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.4343 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Craig Person

Mailing Address 7501 Greenway Center Dr., Ste. 220

City State Zip Code
 Greenbelt MD 20770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4475

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Nath Rahul

Mailing Address 2201 W. Holcombe Blvd., Ste. 225

City State Zip Code
 Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4310

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Norman Rappaport

Mailing Address 6560 Fannin St., Ste. 1812

City State Zip Code
 houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.4436

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Sudarshan Reddy

Mailing Address 16100 19 Mile Rd., Ste. 100

City State Zip Code
 Clinton Township MI 48038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4339

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Dr. Bruno Ristow

Mailing Address 2100 Webster St., Ste. 501

City State Zip Code
 San Francisco CA 94115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4459

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Thomas Roberts

Mailing Address 100 E. Wood St., Ste. 100

City State Zip Code
 Spartanburg SC 29303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.4274

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Peter Schwartz

Mailing Address 143 Froehlich Farm Blvd.

City State Zip Code
 Woodbury NY 11797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4337

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. John Sherman

Mailing Address 1016 Fifth Ave.

City State Zip Code
 New York NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.4465

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)

Dr. Charles Slack

Mailing Address 1105 Central Expressway, Ste. 370

City State Zip Code
 Allen TN 75013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4493

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Brian Slywka		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 351 Rolling Oaks Dr., Ste.101		Transaction ID: SA11A1.4387
City Thousand Oaks	State CA	Zip Code 91361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Dr. Gary Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 2 Medical Plaza Dr., Ste130		Transaction ID: SA11A1.4411
City Roseville	State CA	Zip Code 95661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Dr. Mark Sofonio		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 7 / 2 0 0 6
Mailing Address 39000 Bob Hope, Ste. 407		Transaction ID: SA11A1.4403
City Rancho Mirage	State CA	Zip Code 92270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Somprasong Songcharoen

Mailing Address 2550 Flowood Dr., Ste. 200

City State Zip Code
 Flowood MS 39232

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4335

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Kenrick Spence

Mailing Address 130 Hillcrest St.

City State Zip Code
 Orlando FL 32801

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.4489

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Squires

Mailing Address 3003 E. 3rd Ave., Ste. 206

City State Zip Code
 Denver CO 80206

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4487

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. William Rucker Staggers

Mailing Address 7541 Cipriano Ct.

City State Zip Code
 Fairhope AL 36532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4233

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Sam Sukkar

Mailing Address 3114 Acorn Wood Way

City State Zip Code
 Houston TX 77059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.4481

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Prasad Sureddi

Mailing Address 714 Chase Parkway

City State Zip Code
 Waterbury CT 06708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.4235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Swank

Mailing Address 1771 Tate Blvd., SE, Ste. 202

City State Zip Code
Hickory NC 28602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4323

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Anne Taylor

Mailing Address 5969 Broad St., Ste. 403

City State Zip Code
Columbus OH 43213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4258

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Dennis Thompson

Mailing Address 1301 20th St., Ste. 460

City State Zip Code
Santa Monica CA 90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4367

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Thomas Toohey

Mailing Address 1401 Avocado Ave., Ste. 100

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony Tufaro

Mailing Address 601 N. Caroline St.
 Mcelderry 8130-D

City State Zip Code
 Baltimore MD 21287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4405

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Bernabe Vazquez

Mailing Address 3661 S. Miami Ave., Ste.508

City State Zip Code
 Miami FL 33133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4407

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Deborah White			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 8896 E. Becker Ln., Ste. 104			Transaction ID: SA11A1.4479	
City State Zip Code Scottsdale AZ 85260			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Dr. Steven White			Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6	
Mailing Address 1275 21st Ave. North			Transaction ID: SA11A1.4203	
City State Zip Code Myrtle Beach SC 29577			Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Dr. Robert Wilcox			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 6	
Mailing Address 5316 W. Plano Parkway			Transaction ID: SA11A1.4221	
City State Zip Code Plano TX 75093			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Alfred Wilder		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 3003 Bee Cave Road, Ste. 203		Transaction ID: SA11A1.4495
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Dr. Virgil Willard, II		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 0 6
Mailing Address 1011 N. Lindsay St., Ste.202		Transaction ID: SA11A1.4217
City High Point	State NC	Zip Code 27262-3945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr. Miguel Yanez		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 735 Ponce De Leon, Ste. 414		Transaction ID: SA11A1.4317
City San Juan	State PA	Zip Code 00917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Soheil Sean Younai Mailing Address 16055 Ventura Blvd., Ste. 100 City State Zip Code Encino CA 91436 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physicain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.4422 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Scott Zevonq Mailing Address 75 Central Park W. City State Zip Code New York NY 10023 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.4286 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Richard Zienowicz Mailing Address 2 Duldey St., Ste. 460 City State Zip Code Providence RI 02905 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.4272 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

44775.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GEORGE ALLEN

Mailing Address PO BOX 6859

City
ARLINGTON

State
VA

Zip Code
22206

Purpose of Disbursement
Void October 7, 2005

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: VA District: 00

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4207

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-5000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00